

TRAINING ANNOUNCEMENT

TO REGISTER, PLEASE COMPLETE THE TRAINING REGISTRATION FORM ENCLOSED
***** Fill out and return by October 15, 2005 to the address below.

TITLE: Lawfit Fitness Leadership Workshop

DATES and LOCATION: October 26, 27 and 28 2005
Portsmouth Sheriff Academy #757-393-5440

DESCRIPTION: Provide personnel with information concerning the Virginia Department of Criminal Justice Services job-validated physical abilities course and fitness tests

PREREQUISITES: expressed assumption of risk form, enclosed

PRIORITY: First come First served

IN-SER CREDIT: 21 hours of career development in-service credit will be awarded.

TUITION: \$400.00 per officer

MEALS: N/A

LODGING: Any lodging required will be the responsibility of the participant's agency.

DEADLINE: Fax or send registration a.s.a.p., but no later than October 15, 2005

ACCEPTANCE: Individuals will be notified whether they have been selected to attend this training shortly after the application is received. Directions and lodging information will be sent at this time.

CONTACT: Mark Ammerman Instructor D.C.J.S. Phone 757-437-9871
Directions: LT. Shane Roberts Portsmouth Sheriffs Office (Training) 757-393-5440
Hotel Info: Holiday Inn Old Town Portsmouth 757-393-2573 Address: 8 Crawford Pkwy. Port. Va. 23704
Special Rate Code SLI

Mail this form, the Lawfit clearance form, and payment to:

Dr. David Bever	Phone: (703) 993-2071
National Center for Public Safety Fitness	Fax: (703) 993-2126
PE Building, Room 202, MS 1F6	Email: dbever@gmu.edu
George Mason University	www.lawfit.org
Fairfax, VA 22030-4444	

It is the intention of the Department of Criminal Justice Services to comply with Title II of the Americans with Disabilities Act (ADA) of 1990. Therefore, those persons requiring special accommodations to participate in this program should indicate the need for such accommodation on the Training Registration Form.

LawFit Fitness Leadership Workshop Registration Form

National Center for Public Safety Fitness

* Please fill out form completely and return by 15 October 2005

EVENT INFORMATION

Location: Portsmouth Sheriff's Academy LawFit Workshop: 26, 27, & 28 October 2005
Portsmouth, VA

Cost: \$400.00 Checks payable to: GMUF/LAWFIT

APPLICANT INFORMATION

Participant's Name: _____ DOB: _____ Gender ☐ M ☐ F

Agency Name: _____

Agency Address: _____

Work Number: _____ Fax Number: _____ Email: _____

Do you require special accommodations under provision of the Americans with Disabilities Act? ☐ Y ☐ N
If yes, please state the nature of the accommodation required:

MEDICAL AUTHORIZATION

I authorize that _____ is physically able to participate in the LawFit Fitness Leadership Workshop. I further recognize that the workshop's physical activities including running, jumping, bending, crawling, climbing, and weight lifting have the potential to put significant stress on the cardiovascular and musculoskeletal systems of participants.

Signature of Dept. Supervisor: _____

Print name and address of Dept. Supervisor _____

Phone Number: _____ Fax Number: _____ Email: _____

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